### COMBINED DECLARATION AND POWER OF ATTORNEY

# (ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

### TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)
( ) original ( ) design
NOTE: If the declaration is for an International Application being filed as a divisional continuation or continuation-in-part application do <u>not</u> check any of next two items and check appropriate one of last three items.
(X) national stage of PCT ( ) supplemental
NOTE: If one of the following 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.
<ul> <li>( ) divisional</li> <li>( ) continuation</li> <li>( ) continuation-in-part (CIP)</li> </ul>

### INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

### TITLE OF INVENTION

"Active substance combinations and therapies for treating abuse of alcohol"

## SPECIFICATION IDENTIFICATION

me specifican	ion of which, (complete (a), (b)	), or (c))	
(a) <sup></sup> (b)	<ul><li>( ) is attached hereto.</li><li>( ) was filed on</li><li>( ) Express Mail No.</li><li>and was amended on</li></ul>	as ( ) Serial No.	or , as Serial No. not yet known (if applicable).
(c)	( X ) was described and claim  No. PCT/EP 200  and as amended under PO	04/004033 filed on	
ACKN	OWLEDGEMENT OF REV	TEW OF PAPERS AND	DUTY OF CANDOR
	by state that I have reviewed including the claims, as amend		
	nowledge the duty to disclose in accordance with Title 37, Code		
( )	In compliance with this duty disclosure statement. 37 CFF		ation
	PRIC	ORITY CLAIM	
foreign applic designating at identified bel international a	by claim foreign priority benefication(s) for patent or inventor't least one country other than the low any foreign application(s) designating at least the same subject matter having med.	's certificate or of any PC' ne United States of Americ (s) for patent or inventor ast one country other than the	T international application(s) ca listed below and have also or's certificate or any PCT the United States of America
	(com	aplete (d) or (e))	
	) no such applications have be X) such applications have been		
U.S. claimed p	re item (c) is entered above an priority check item (e), enter the LIEST FOREIGN APPLICATION (6 MONTHS FOR DESIGN)	e details below and make t ON(S), IF ANY FILED W	he priority claim. ITHIN 12 MONTHS

COUNTRY	APPLICATION NO.	DATE OF FILING	PRIORITY CLAIMED
·		(month, day, year)	UNDER 37 USC 119
			() YES NO( )
	<u>-</u>		( ) YES NO ( )

# ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

Germany

**Application No. 103 18 714.6** 

filed April 25th, 2003

PCT

Application No. PCT/EP 2004/004033 filed April 16th, 2004

### POWER OF ATTORNEY

As a named inventor, I hereby appoint D. Peter Hochberg, Reg. No. 24,603, Sean Mellino, Reg. No. 48,817, Katherine R. Vieyra, Reg. No. 47,155, and James A. Rich, Reg. No. 25,519, to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO:

DIRECT TELEPHONE CALLS TO:

(Name and telephone number)

D. Peter Hochberg Co., L.P.A. The Baker Building - 6<sup>TH</sup> Floor 1940 East 6th Street Cleveland, Ohio 44114-2294

D. Peter Hochberg (216) 771-3800

### **DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

# SIGNATURE(S)

Full name of first inventor: Dr. Joachim MOORMANN
Inventor's signature:
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Full name of second: Klaus OPITZ
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Inventor's signature: W. Munimul Mall
Date: 29.09.05 Country of Citizenship: German
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# CHECK PROPER BOX(ES) IF ANY OF THE FOLLOWING ADDED PAGE(S) FORM A PART OF THIS DECLARATION

(	)	Signature for third and subsequent joint inventors. Number of pages added
(	)	Signature by administrator(trix), executor(trix) or legal representative of deceased or incapacitated inventor. Number of pages added
(	)	Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added
		***
(	)	Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP)
		application.

If no further pages form a part of this Declaration then end this Declaration with this page and check the following item.

(X) This declaration ends with this page.